

1 D10 - Sara Parson 1910-1920

1 D10-15 - Addressee



1916

## ANNUAL ADDRESS OF

## MASSACHUSETTS STATE NURSING ASSOCIATION.

1903+13 = 1916

Thirteen years ago a group of Massachusetts nurses met to organize a society among themselves "to secure by legislation protection of the nursing profession for the benefit of the public, the physician and the nurse." After seven years of hard work a very poor bill was secured. For the past three years we have been trying to amend it - thus far unsuccessfully. What we ask seems to us simple. It is only that the State Board of Nurse Examiners may have the authority to send a properly qualified visitor to training schools to see that pupil nurses are really being taught the things they ought to know before coming before the State Board of Examiners.

It is only to ask that after 1920 no one shall be allowed to practice as a graduate, trained or registered nurse, unless she has





properly qualified herself to do so.

This is only asking that training schools for nurses shall be what they purport to be and that nurses shall prepare themselves to do efficiently and honestly what they propose to do.

Year after year a small group goes to the statehouse to beg the public health committee to give favorable consideration to its petition. Busy women at their own expense come to Boston from Springfield, Worcester, Fitchburg and the outlying towns of Boston for the hearing - sometimes they have come only to find out that the hearing has been postponed. Always they have come to be received by an unsympathetic committee, that has but little time to give to the hearing. The nurses unfortunately have neither money or political power. They have simply their "cause".

Last year there was a different spirit felt in the atmosphere of the committee room. There was one man, who - though not sympathe-



tic, so far as we could judge - was at least attentive and interested. In fact, the whole committee was unusually attentive.

When our opponents argued that the State Association was not representative, as we have but 600 or 700 members out of 6000 or 7000 registered nurses in Massachusetts, one member of the Public Health Committee won the gratitude of every thinking nurse in the state by saying that he believed that every nurse in the state was probably better off for the work done by these associated 600 nurses. The man who made that point as we could not have made it for ourselves has come to speak for us to-day.

Whether what he will say will be the sentiments that we should like him to express I do not know, but I want you to remember that he has been kinder than anyone else to your representatives who journey annually to the State House.

Our opponents could have made an even more







damaging statement at that last hearing if they had thought to do so and this will furnish them with the ammunition for next time!

Out of our 700 members of the State Association it is a much smaller number that is working for our amended bill. Many of our members join our association, not because they consciously wish to promote the <sup>its</sup> objects of the ~~association~~, but because if they wish to join the American Red Cross, the Public Health Organization or the other national societies they are asked if they are members of the State Association and in some cases membership is a requirement. This, I do not state as a reproach or criticism of those nurses; the cause goes farther back than that. The chances are that they have not been taught in their training schools to appreciate their professional obligations and if they do not appreciate these obligations, how shall they be expected to meet them?

This is not said to reproach the schools



either - most of us have waited until the nurse was graduating before telling her what her professional literature and <sup>organization</sup> ~~associations~~ mean to her and to the cause of public health and when we wait until graduation to tell our nurses these things we have waited too long. We should begin with the probationers.

There are reasons why we teachers of nurses have been remiss and one is that we, ourselves, have not realized until we walk up to the legislature and back again a few times the defects in our own educational system - now I am approaching what I want to be my message to you today.

It isn't what you will expect from what you see on the program, because what I have to say seems to me more important.

When I heard that our program committee had secured <sup>Rep.</sup> Mr. Kearney for an address today I recalled what he said about the work of our





association and I began to speculate on what it might stand for in the state, if all of the registered nurses in Massachusetts did belong to it and what it ought to do and be.

It is this vision that I bring <sup>to you</sup> as my message ~~to you today~~.

If the 7000 registered nurses did belong to our association we would have an income of \$14,000 a year and with a sum like that we could purchase time and time is what we need. Time to educate our own nurses as to what they ought to do, and why they ought to do it. Time to educate the public as to the dangers of ignorant nursing which they do not realize now. Time to convince the busy medical profession that they cannot afford to leave the nurses behind in the march of progress.

We need the whole time of at least one wise, experienced woman, like Mary M. Riddle, Lucia Jaquith or Emma M. Nichols to go to every town and village in Massachusetts





to talk with the nurses who are too busy or far away to come to us; to go to the women's clubs and before the medical associations to explain "the reasons why" of our demands.

We need headquarters; a salaried executive secretary the type of nurse mentioned; we need literature and time to study how to do the most good in Massachusetts as nurses.

It is a question in my mind whether it is right to take the time of the legislators until we have worked up a better campaign - as it is now, those who go and fail and learn by experience are the only ones who profit by the futile efforts thus far made.

But we cannot afford to stop. We are now in Massachusetts objects of pity tinged with contempt for the slack conditions that exist in connection with the status of nurses and nursing schools.

We are being asked by other states how our nursing schools stand in Massachusetts and



we have nothing authoritative to tell them. We are asked by our own schools what the educational requirements are for those who go into nursing schools and of the nursing schools themselves and we have no requirements.

There is no attempt to suppress Jane Tappans. Credulity is so dense that discharged pupils from training schools can and do practice nursing right in the community where they are known. No attempt is made by the people who employ them to learn what their record was in the school or even what their experience had been in the hospital.

Not many months ago a doctor employed a nurse for a maternity case; the patient died of blood poisoning; the doctor then went to the hospital to find out why the nurse whom he felt was responsible <sup>for the patient's death</sup> had been allowed to graduate from the hospital. He then learned that she had simply been employed as an attendant and that she was so unreliable even in that capacity





that she had been dropped from the staff.

If we had money and time we could collect an overwhelming mass of evidence which would convince the most skeptical that in the name of common sense we should do what we can to protect the public from imposters and to encourage those who choose nursing as their work to give themselves thorough preparation.

Those who cannot or will not prepare themselves to meet a minimum standard could still minister to those who require their services, but under some name that will not mislead the persons employing them.

The mission of nurses is not only to care for the sick, but to teach health. Our work is equally important in time of peace as in time of war. If we work individually we dissipate our energies. We have our League of Nursing Education, our Public Health Organization; we are proud to say that those who compose the majority of nurses and follow the oldest branch of the art, have today organized a Pri-





vate Nurses' League, but important as are all these specialized societies our State Association should be the strongest of all.

Let us pledge ourselves at this thirteenth annual meeting to use every legitimate method to increase our membership, so that we may more efficiently work for the object of our association. We must aim to have headquarters; to have a well paid executive-secretary, who will give her whole time to our work.

We must have a printed curriculum for our schools of nursing that will meet the approval of our state board. We must have our training school advisor or inspector and it is up to us who realize why we need these things to bring them about, although personally we have nothing to gain. I hope that this next year will bring all Massachusetts graduate nurses, men and women, into closer working relationships and that each special organization will feel that the state association is back of them in all good movements.



We should wish those who follow us to be better equipped for their work than we have been - we know more will be expected of them and their problems will be more intricate.

I hope you have seen and felt my vision of thousands of Massachusetts nurses working for better standards in our state, working individually and collectively with a firm purpose to *to public service that* make our offering <sub>x</sub> so valuable <sub>x</sub> it cannot be denied.





nd. 7 Sept 1920

Before speaking of the status of nursing in Massachusetts it will probably be desirable to give a little outline of the development of nursing as a profession. Going back to the Christian Era we find that ~~ladies~~ <sup>women</sup> who engaged in the work of caring for the sick were usually those who did it as a penance and therefore made no effort to spare their strength, but <sup>who</sup> gloried in all that was most difficult and disagreeable and if health broke down and death claimed them, it was to receive an earlier and brighter reward in heaven.

The idea of separating any of the manual work from the care of the sick never came until the era of trained nursing and in fact until then it was never supposed that a lady could take up the work, unless as a "<sup>public</sup> religieuse". It was supposed to be a life of absolute self-sacrifice. When Florence Nightingale, also from a religious motive, that amounted to a "call" demonstrated that lay women could be trained for





expert, efficient service in the care of the sick, a new and wonderfully interesting profession was opened for good women. In England, however, where the first real school was organized, there was discrimination between "lady probationers" and common nurses. The former had a shorter course, were spared the so-called menial part of the work and were given the cream of nursing experience with early promotions to positions of responsibility. Miss <sup>Nightingale's</sup> N's idea was to train in her school teachers and leaders of nurses.

In America, the first schools started with the motive of opening a new occupation for women and of supplying a reliable class of nurses for private homes. The medical profession was satisfied with existing conditions and opposed the introduction of training for nurses. One famous surgeon in Boston said he could teach any sensible woman with average ability all she needed to know about caring for his patients in twenty minutes. It gives me pleasure to say

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that this same doctor later admitted that he had made a few mistakes in his life and opposing the training school was one of them.

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Under these conditions, <sup>it</sup> is easy to understand that it took all the tact and influence of the ladies who composed the first training school committees to effect an entrance into the popular hospitals for the pupils whom they wished to have trained. They were <sup>therefore</sup> ~~also~~ in no position to stipulate the conditions under which the pupils might enter and work. It was a case of tolerance and acceptance of things as they were for the pioneers. Strange as it may seem there were well-educated, well-born women ready and anxious to go into these first schools.

Following in the week's program of work as it existed in one of our large Massachusetts hospitals. "A nurse would begin a day by washing poultice cloths and bandages and it would often be two o'clock before her work was finished. She then went off duty for the after-





noon. The second day the same nurse helped in the dining room service and in washing dishes. After this was done, she was ready to do little incidental things as need arose. The third day she went into the wards, washed the patients faces, made beds, swept floors, and did this and that, and the other duty until night. The fourth day she would act as head nurse. The fifth day she would begin as general utility nurse, but at nine go off duty to sleep, so as to be ready to go on duty that night. The sixth day she had to herself. Then the same rotation of service began."

It didn't take more than a year so far as I can learn, to win over most of the opponents to the school on the side of training. As they reduced the pay that the attendants had been receiving, the new system proved to be not only better but cheaper. Of course, the system was gradually changed and improved. So few openings existed for women who wished to be self-supporting





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Graduate nurses being scarce, doctors and patients began clamoring for half-trained pupils - these were yielded for a certain monetary consideration and unfortunately a new source of revenue was discovered for the hospital in this way. The practice was defended as being good experience for the pupil and thus abuses of the word "school" crept in.

With a singular lack of conscience towards the pupil nurse she was more and more exploited, her interests as a student and as a human being were not considered in ~~many~~ many hospitals all over the country. Meantime the demands upon the graduate nurse to fill important positions for which she had no ~~adequate~~ training were increasing all the time and nurses became conscious of the deficiencies and injustices of the educational sys-

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tem under which they had been trained. Many other interesting occupations for women opened up, so there were several alternatives for those who wished to become independent. As schools increased and the popularity of the work decreased, good candidates became more and more scarce and the grade of women who were accepted finally fell very low in the less popular hospitals. About ~~twenty~~ years ago a strong movement among nurses began, through their organizations, for better conditions in training schools, for educational requirements for applicants, ~~and~~ for a uniform curriculum; for affiliations between hospitals to secure an all around practical experience; for a preliminary course before pupils enter the wards, and for a better theoretical foundation in the sciences which apply to nursing.

Finding that little headway could be gained without legislation, efforts were turned in that direction with the purpose of requiring schools to come up to certain standards and nurses to pass





examinations given by a state board, passing which would enable her to become a registered nurse.

North Carolina was the first state to secure a law, two others were passed that year, the most important to the country at large being the bill in New York that put nurse training schools under the Board of Regents <sup>which</sup> that controls all the educational institutions in New York State. Then a state inspector, who was a well qualified nurse, nominated by the Nurses' State Association, was appointed by the Regents to visit all the schools and those that met certain necessary requirements specified by the Regents were registered and their graduates were eligible to go up for state board examinations.

Their standard for minimum requirements has been the model of many schools all over the country and several of the more ambitious schools in the country at large have taken pains to get





registered with the Regents so that their graduates would be eligible for registration in New York State.

Their standard requires that the hospital provide a class room for its pupil nurses with necessary equipment; that a certain number of graduate nurses must be employed who are capable of teaching; that all applicants have at least one year in High School or an equivalent that is satisfactory to the Regents; that the pupils shall spend at least two years in the hospital and during that time shall not be sent out on private cases and that each pupil shall have besides definite class work, practical experience with medical, surgical, obstetrical cases and also with sick children and operating room work. They must have dietetics and massage. They recommend a three years' course and most hospitals give it. This ensures the public in New York that when they employ a nurse who is an R. N. that she has had ~~some~~ experience and

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Although the law is only permissive and not compulsory, it has done a great deal of good in the way of promoting nursing education and waking up the general public to the nursing situation.

The National Red Cross, and the Army and Navy Department will not accept any but registered nurses in the service. The three large nursing organizations will not admit to membership any but registered nurses, so there has been a considerable pressure brought to bear on schools, to qualify sufficiently to meet these minimum requirements. At least 44 states now have examination and registration for nurses.

How does Massachusetts stand in regard to the nursing situation?

After several years of hard work, the nurses secured the passage of a bill in 1910, which is permissive and which has a vicious section that





*and nurse that she is 21 yrs.*  
-10- *of age - of good moral character*  
*and pays a fee of \$5*

permits any person who applies, regardless of whether she has had any practical experience, has graduated from a school or not, to go up for examination. If she can pass the examination, she may be registered and use the title R.N., under the second clause of the bill.

The board has no authority to inspect schools nor to turn down any applicant. We have over 6000 registered nurses in Massachusetts. The law has been better than none, and has stimulated the development of many schools. But in Massachusetts we have so-called schools in connection with all sorts of institutions, regardless of what the school has to offer, and regardless of any definite entrance requirements. There are several hospitals that do not even require a grammar school education of their pupils-- hospitals of 10 beds, or with an average of 10 or 15 patients, have schools and give a 2 or 3 year course. Special and private hospitals that care for only one or two types of

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patients have schools and there is one school recently started that is connected with no hospital. Evening classes are given 3 times a week for 6 months, and during the last 6 months the pupils go into private families for \$1.00 a day, and at the end of a year, they are graduated as trained nurses. If each pupil of that school had a new patient every week for 6 months, she would then have had only 26 patients to observe and care for. Yet, there is nothing to prevent those women from calling themselves nurses, from taking the state board examinations, and from deceiving the public as to their training if they choose to pose as ~~a~~ fully trained nurses. That such a school is permitted, is in my opinion almost a crime. If they were being trained as attendants, they might meet a real need in the community if they could be utilized as such, but we have not <sup>sufficiently</sup> awakened public sentiment, even to protest against it.

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to one of our large schools. She said she had once been in the school six months, that she was obliged to leave on account of illness and had never gone back because she had been so successful in private duty. She had worked for the best doctors, had often asked \$25 a week because she said doctors had advised her to do so, as patients would not want her if they knew she wasn't trained. It was found that she left the hospital at the end of six months under a cloud and her story about doing private work was proven to be true. A leading Boston doctor admitted that he had employed her in his own family supposing her to have had much more experience than she had had.

Recently a doctor wanted a nurse for an obstetrical case. One was recommended by a surgical specialist whom he knew. The patient died and the doctor thought it was due to <sup>r</sup>lack of surgical cleanliness on the part of the nurse. He called up the superintendent of nurses in the





hospital where the nurse had got her experience. <sup>she said.</sup> and found out that ~~Miss C~~ had dropped the girl from the service because she was found incapable of learning enough to be an attendant. The hospital received only special surgical cases and never had obstetrical cases.

A well trained friend of mine, graduate of an old and reputable school, found herself on a private case one time with a nurse who had been dismissed from the hospital for stealing. The girl was practicing as a graduate nurse and was employed by doctors who had never taken pains to inquire why she had been sent away from the school. My friend was persuaded not to expose her and was repaid by finding herself as well as the other nurse under suspicion of ~~having~~ stolen some missing jewelry.

*Other*

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Is it too much to ask that the public that support our hospitals and employ the trained nurses should endorse our efforts to make of training schools places that will bear inspection and furnish the necessary theory and practice, so that the graduates may be safe people for the practice of nursing?

Is it too much to expect that women who wish to practice as nurses should qualify for the profession? The minimum standards are as yet very low, you will admit. Those who cannot reach even that standard should work as attendants, so that those employing them may know what they are employing and realize that <sup>these attendants</sup> ~~they~~ are not fitted to cope with critical conditions.

Some attendants and practical nurses are excellent, but they should not be allowed to work under false pretenses and the really good among them do not wish to. It is only the dishonest school or woman <sup>that</sup> ~~who~~ attempts to deceive. We are to present a bill to the Legis-



lature asking that the State Board of Nurse Examiners have authority to appoint a well-qualified inspector to visit schools from which graduates are sent up to the Board for examination, to satisfy the Board that those whom they register have had proper preparation for their work. The inspector would be in a position to advise and help the different schools that wish to strengthen weak places and to conform to an acceptable standard set by the Board.

At our last hearing when we failed, we were told that the room should be full of lay people urging this legislation, in order to justify the legislature in granting it. Please study up this question and tell your representative that you want him to vote for this amendment.



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Parsons, S. E.

Speech — ? to what audience  
n.d.

She traces history of nursing  
briefly to show that what is  
new is old, and speaks  
about current problems  
+ their origins.

Miss Johnson's note  
on content of pkg, in  
which this was located,  
gives no clue.

SP





Nursing as an art is old and it is new. If we really want to have the conceit taken out of us, let us turn to the "History of Nursing", where we will learn that even our latest <sup>"preventive medicine + Social Service"</sup> cult is really very old. The ancient Hindoos believed that the prevention of disease was more important than the cure, and their medical works contain innumerable rules of hygiene. We read that the "lying-in room was to be clean, with ventilation in the north or east wall, and the midwives were to be trustworthy, skilled in their work, and have their nails cut short." They also taught that "It is not safe to put on clothes, shoes or garments worn by others". One Hindoo record thus speaks of the nurse. "Knowledge of the manner in which drugs should be prepared or compounded for administration, cleverness, devotedness to the patient waited upon, and purity (both of mind and body) are the four qualifications of the attending nurse.

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The description laid down for the Hindoo physician is more interesting -- as follows: "The physician shall keep his hair and nails short; bathe daily, and wear white garments, shoes, and carry a cane or an umbrella. So attired, and accompanied by a faithful servitor, he shall go forth to his practice, his whole thought concentrated on the healing of his patient, and <sup>to</sup> do him good even at a sacrifice to himself. No thought shall he have for the possessions of others, nor shall he speak abroad of what goes on in the house. -- The doctor shall treat the patient as his own son".

The description of the operating room is worth quoting, remembering that it was written at least three centuries before Christ. "For an operation, the room must be cleaned, well lighted, with a fire burning, in order to prevent devils (another word for germs, perhaps) from entering the patient through the wound. The Surgeon must be a strong



BOND

and rapid operator, and he must neither perspire, shake, nor utter violent exclamations. The surgeon must take blunt, pointed, and sharp instruments, cautery and flame, cupping appliances and leeches, measures, catheter, cotton, linen, thread, dresses and bandages, honey and melted butter, oil, milk and stimulants, salves, and material for poultices. There must be strong and capable assistants, and the patient must previously have eaten but little.

*of about the same period*  
 In Grecian history, we are told of one "Appelles, who, suffered from severe indigestion, was put on a diet of bread and curdled milk, parsley, and lettuce, and lemons boiled in water, and was told to avoid "fits of violent anger"; an instance of *ancient psychotherapy* ~~pretty appreciation of the effect of mind over matter.~~

Our modern charity organizations can hardly do better than follow





the precepts of Cicero, who said: "We must take care that our bounty is a real blessing to those we relieve; that it does not exceed our own means; that it is not derived from a spoliation of others; that it springs from the heart and not from ostentation; that the claims of gratitude are preferred to mere compassion, and that due regard is given both to the character and the wants of the recipient."

History repeats itself in individuals. Our experience and our truths are new to us, though old to the race. For us real trained nursing began fifty-two years ago, with the Florence Nightingale School, established at St. Thomas Hospital, in London. The oldest school established in the United States was organized twelve<sup>years</sup> later, just forty-two years ago. At that time Anaeas Munro, M.D., of Scotland, was writing a text-book on the "Science and Art of Nursing the Sick", which gives us quite plainly the status of nurses, socially and educationally, at that



time. Dr. Munro was sound in his ideas and recognized that "the best efforts of the physician were often frustrated by the ignorance of those who attempted to nurse the sick", and he deplored the fact that nurses were not regarded with the respect and consideration that he felt their work entitled them to. He says; "Of all duties towards our fellowmen, those which the nurse has to perform are the most beneficent and onerous, and which, if done conscientiously, there does not seem to be any good reason why nurses should be spoken of in terms of strong disapprobation, as is so commonly the case".

He realized the necessity of the nurses education being such as to enable her to understand the underlying principles of her profession. He goes so far as to say that in all probability the usefulness and capability of a nurse will be in proportion to her education. After reading his statement that one of <sup>her</sup> the most important qualifications ~~of a~~



...of the physical sciences, I understand by the language of  
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...and the development of the last that  
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~~nurse~~ is a thoroughly good elementary education, it is something of a shock to the modern nurse to read his earnest statement that "it should be a sine qua non that they should be all able to read and write," the last in italics. We still agree with him, but we would add, legibly and well.

In the beginning and for many years one gratuitous lecture and one recitation weekly was all the regular theoretical instruction given to *in nursing schools until* pupils, *but with the knowledge of bacteriology and the germ theory of disease, came new and more complicated demands upon the nurse, calling* *Created* for more thorough preliminary education on which to build the scientific instruction that relates to *modern* nursing, *was thus made necessary.*

Naturally enough, doctors vary greatly in their requirements of ~~nurses~~, and in their opinions of what nurses should be taught, but nurses have steadily and rapidly been drawn into work quite different





from the mere care of sick persons -- so that twenty years ago the more experienced of our leaders found the necessity for higher preliminary requirements and more thorough theoretical instruction; of special courses to train teachers of nurses; of uniform standards and of schools for nursing where the curriculum might not depend upon the idiosyncrasies of individual hospitals.

Unfortunately training schools under the present system are found the cheapest way to nurse the hospital patients, so hospitals of all sorts and conditions having sprung up, they established schools in many, many instances without regard to the pupils welfare and the ultimate interests of the public.

Also, unfortunately, nursing has been, and is, regarded as a profession which costs nothing to be acquired. As a result there are localities where nurses on account



11-8  
of their inferiority are not respected; there are hospitals and communities that are willing to exploit nurses for the sake of cheap service; there are doctors who are opposing educational standards and nurse organizations. There are great centers where this unfortunate antagonism is positively acute. No doubt nurses are themselves mostly to blame for the fact that the general public knows almost nothing about their ideals and their activities. They have an enormous influence if they would use it, but they have limited themselves too closely to their own kind, instead of mingling socially and professionally with other workers; and now if we are to go on to higher standards, to prepare ourselves better for the positions of trust in which we find ourselves, we must awaken to the nursing situation as a whole, and our social and professional relations to others, and give unprejudiced consideration to the criticisms of our friends and enemies, and stand loyally by each other in an honest effort to merit and win an undisputed place in the professional world.



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*There*  
 Here are certain facts that must be faced. The public almost as a unit believes that nurses are worked to death, almost starved, have only a ten years average of usefulness in life. It thinks more than a common school education is thrown away on a nurse, and as a rule relations dissuade their girls in every possible way from taking up the work. The public does not realize the variety of interesting and remunerative opportunities for nurses. I don't believe I exaggerate when I say that seventy-five per cent come into the schools with only the grudging consent of their families. ~~As a result~~ there are very few training schools that can attract a sufficient number of suitable candidates -- that is, the well-bred, well-educated young women. *Consequently* And ~~as a result~~, the country is flooded with an inferior grade of *so called trained nurses* ~~young women~~ with diplomas who call themselves nurses, ~~but~~ who are so illiterate, ~~ill-bred~~, and inefficient, that their victims conceive a distaste for the profession, although

Here are certain facts that must be faced. The public almost as a rule believes that nurses are worked to death, almost starved, have only a few years average of usefulness in life. It thinks more than a common school education is thrown away on a nurse, and as a rule refuses to liberate their title in every possible way from taking up the work. The public does not realize the variety of interesting and remunerative opportunities for nurses. I don't believe I exaggerate when I say that seventy-five per cent come into the schools with only the training common to their families. As a result there are very few training schools that can attract a sufficient number of suitable candidates -- that is, the well-bred, well-educated young women. And as a result, the country is flooded with an inferior grade of young women with diplomas who call themselves nurses, but who are so illiterate, ill-bred, and inefficient, that their victims conceive a distaste for the profession, although



admitting a reluctant dependence upon it. Some of these nurses should never have been tolerated in the hospitals wards at all -- others might <sup>and work graduates of</sup> have been taught to be good attendants, but the <sup>no</sup> operations of correspondence schools should be, but ~~are~~ not, prohibited by law. This being the situation, it naturally follows that the demand for the cultivated, well trained nurse, who is able to guide, direct and teach <sup>exceeds</sup> ~~is far in~~ ~~excess of~~ the supply. ~~I think the reason for the deficit is because of those dismal beliefs before mentioned,~~ As for the "ten year limit", <sup>the mortality among nurses is not high,</sup> it never was true. Most of us who were trained twenty or thirty years ago, under the hardest conditions, are still <sup>well</sup> ~~lively~~ and working <sup>at our profession</sup> -- except <sup>33 to 50%</sup> ~~those who have married, and of course they don't work!~~

In the best schools ~~everything~~ <sup>side of</sup> has changed; the hours are shorter, the food is better, the health is carefully guarded, careful instruction is given, discipline is reasonable, and the social life is considered.

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T.C

We are yet too near the work of the Department of Nursing and Health of Teachers College, to estimate adequately what it has done for the world, yet the statistics of 1919 show that nurses have come from England, Canada, Finland, Japan, India, Germany, the Philippines, Porto Rico, France, and Italy, to study American methods of nursing education, and are suggestive even to a sluggish imagination of the far reaching effects of the department. These foreign students carry back to their people new opportunities for women and literally new life to the people.

We learn that most of the other university departments of nursing are in charge of graduates of the mother department, and that the heads and instructors of many important nursing schools are of our alumnae; also that graduates are carrying their knowledge to small and suburban schools as itinerant instructors. This ramification, as you know, now extends well over the world.

While these statistics are impressive we must not forget the numerous centres that have been vitalized by the inspiration of those who have taken summer courses in the college. Within my personal knowledge wonderful work has been done by several of these summer students whose influence is extending beyond conceivable bounds.

The most brilliant example of health work done by any one student of whom I know is that of Miss S. Lillian Clayton in Philadelphia. She has not only transformed her own school, but







she has done marvels for nursing and health education in the city through the development of courses of Public Health lectures, teaching methods, and best of all the cooperative nursing among the various hospitals, schools, and the City Contagious Hospital.

The effect of the work in Philadelphia has extended to Boston, and we are rather proud of what our nurses are doing there following in a way the Quaker City.

To really appreciate in the least what Teachers College has done for nursing education one should look back to conditions existing previous to 1900 when the oldest schools had been in existence twenty-seven years.

So far from perfect as our nursing schools now are their students would have difficulty imagining the educational situation which pertained in most training schools at the time Teachers College opened the Department of Hospital Economics as it was then called.

How well some of us remember the days of "Clara Weeks" and its chapter on "Circulation"! How vivid our memories are of gathering once a week in the lecture room, waiting patiently and sleepily for some member of the staff who was scheduled to speak on surgery or some kindred subject.

How we watched the clock tick around to a quarter past the hour, and then to half past when our disgusted superintendent would announce that the doctor had either been called on a case or had forgotten us entirely. One more lecture lost forever!





Nursing leaders, however, were fully aware of the imperfections of such a system and had been talking about preliminary courses, paid instructors, compulsory training in obstetrics and pediatrics, as well as the usual subjects of surgery and medicine. They deplored the long hours, and needless housework for student nurses in and out of conference ever since they had organized themselves for professional advancement in 1893, - just twenty years after the establishment of the first schools.

In the papers read at that first convention one finds the aspiration for nearly every beneficent development that has taken place since. Some of the best schools have been established since that date and have profited by the experience of our pioneers.

It is strange tho' how few there are compared with those that have been organized with no ideal, apparently, other than to profit by the economic advantage of a cheap nursing method, for which nurses themselves are as much to blame as anybody. Nurses owe much to their traditions but some of them have been a very real handicap.

Florence Nightingale said, "No man, not even a doctor, gives any other definition of what a nurse should be than this, 'devoted and obedient'. This definition would do just as well for a porter, it might even do for a horse. It would not do for a policeman." -

One is tempted at this point to digress, and ponder mournfully on the lamentably shackling effect of what are supposed







to be our most beautiful traditions! Namely, unselfishness, devotion, and obedience! There are times when one would fain exclaim, "Good Lord, deliver us from 'devotion and obedience'". How many sins have been committed in their name"!

The three year course fairly galloped into prominence, paid instructors tagged along slowly, and the eight hour day nearly died on the way. It would have died but for the timely medicine administered by the Educational Committee of the National League of Nursing Education, - about which the college knows a little! This medicine forcibly administered without anaesthetics to the proper source has had astonishing results. There are now several schools scattered about in the country, and I know of at least four schools in Massachusetts where the fifty-two hour or fifty-six hour week has actually come to life!

There are probably more, I hope, but in Massachusetts we cling with puritanic pertinacity to all traditions that entail sacrifice because we think it is bad for the soul to be comfortable and happy.

As for the training school endowment, - it is not born yet although advocated so long ago as 1896 in Miss Nutting's bulletin on "The Status of Nursing Education", and yet again one finds in the report of the 6th annual meeting of the A. S. of S. of Training Schools the following plaint from dear Miss Nutting, - "Our Ethics teach us to ignore all suspicion of expecting gifts. We should do that individually, but I do not see why we should do for the whole







profession!"

Now then what has the Department of Nursing and Health done for hospitals and nursing schools?

To me it seems that the greatest contribution this department has made to progressive ideals in nursing is not the influence of the hundreds of nurses who have gone to foreign countries, and to university nursing departments. To me it seems as if this department was a voice for the profession.

It may be hard to imagine a woman's profession as dumb, but although we have talked enough to each other at our conferences and through our Journal, we have been in effect dumb, because when we have tried to tell the public the deficiencies of our schools we have talked to deaf ears, except in two instances, and those were when Isabel Hampton Robb talked to Dean Russell, and when Lillian Wald talked to Mrs. Helen Hartley Jenkins.

We have been "devoted and obedient" to the point of complete subordination to medical authority and custom. We have been, until very recently, lifting our voices to the deaf ears of ignorance and prejudice concerning the most fundamental principles of sense and justice as related to the education and practice of nurses.

The voice at Teachers College has not been speaking to deaf ears. Sustained by academic support, by university experience, fearless of all influence, and susceptible only to all that which promoted highest efficiency - not measured in dollars and cents- but in health and happiness and in finest idealism,







Teachers College has spoken with authority.

Outside we might have become discouraged if it hadn't been for the insistent voice from here always urging progress, calling for results in spite of obstacles, indicating the way and warning against pitfalls.

We, the children of Teachers College, listen to her voice and love and reverence the characters with which we have had the privilege of associating while in her walls. Here we have found refuge from depressing problems and a fount of courage and hope.

We may well pay our tribute to those who from this vantage point have labored so ardently and with such vision to awaken the minds of their students and of the public generally to what nursing means in relation to health, and what health means to the world.

Our appreciation extends with deepest gratitude to Dean Russell and Mrs. Helen Hartley Jenkins, without whom the department might never have been.

Through Teachers College are we not paying back something of our debt to the old world? England went to Germany and America went to England for the first lessons in the training of nurses.

Florence Nightingale said to Linda Richards, "Go back to America and outstrip us that we in turn may outstrip you". That was a prophecy and typical of the spirit of the wonderful founder of professional nursing. Florence Nightingale, a lady not only in the English meaning of the word, but in every sense, was also





truly democratic in her outlook. She worked not for one school or one country, but for the world.

If the nurses who leave Teachers College can carry with them not only the inspiration and knowledge to be gained here, but the spiritual strength that will enable them to keep free from personal ambition and all bitterness when confronted with obstacles of selfishness and prejudice, then indeed may they be worthy followers of our great leaders and prove that in the history of nursing the importance of the foundation of this department is second only to the founding of the Florence Nightingale School in London.







Miss Parsons to  
Women's Educational Association  
Spring 1920

Some people will tell you that what our country needs most is education, - others will say that it is health. Most of us will agree that our country needs and must have both health and education because without health we cannot do much about education.

Consequently agreeing that one of our most important questions is that of community health, we get back to the necessity of health education and that demands the preparation of

(doctors  
(dietetians  
(nurses  
(Sanitarians  
(social workers

Men have been looking out for the education of doctors and sanitarians.

Women and this organization in particular have been largely responsible in this State for the education of nurses.

Forty-seven years ago you started the ball a-rolling by instigating the organization of the Boston Training School for Nurses now known as the Massachusetts General Training School. I wonder if you or your predecessors dreamt of what you were starting!!

It is doubtful if any other one profession for women has such diverse opportunities and responsibilities, and I am sure that no profession has ever developed under more trying conditions in some respects, and has still so much constructive







readjustment ahead of it.

What I wish to tell you in these precious few minutes is:- What your Boston Training School has accomplished under the now obsolete apprenticeship system and what is demanded of it for the future because this bit of biography will illustrate the whole nursing situation with which it is very important that the community - especially the women - should be familiar.

The Massachusetts General Hospital is, as you know, one of the three oldest schools in the country. This fact would of course be a reproach if it had not developed and served the community worthily.

Let us take a brief survey and see if it has and is doing what its founders may approve of.

### Statistics

Since the first class of three graduates in 1875 we have sent out from our school 1327 nurses up to January 1, 1920. My statistics are taken from the 1919 Report. Of these 1327 about thirty percent married, 130 have died and we have lost track of 76 which leaves us 730 nurses about whom we know. There are 247 who cannot very easily be classified. Several have of course retired from active service. About 20 have become successful practicing physicians, these almost entirely from among the earlier graduates.

Miss Sophia Palmer (class 1878) is the Editor of our







American Journal of Nursing. Miss Phillips is Executive Secretary for the American College of Surgeons, one of the rather unusual and interesting occupations for a nurse.

Two hundred and twenty more served over seas during the war in the American, Canadian, and English Armies. Some served as unpaid volunteers, - one of the most notable instances being that of Mrs. Card, a widow with a grand daughter to her credit. Mrs. Card (class 1884) took a companion, went to France, opened a home for French orphans and financed and directed the home throughout the war.

Some of the nurses achieved distinction and were decorated, but none of the medals, in my opinion, are equal in value to a letter received by one of our nurses in Base #6 when about thirty of her sixty "boys" were leaving the Base for America. I have reason to believe that the sentiment in this letter expresses the well earned affection and respect that most of the patients felt for the large majority of our Red Cross Nurses over seas.

As I believe it typical, rather than some of the stories you may have heard to the contrary, I am going to read it to you.

#### LETTER.

Seven of our nurses gave their lives in the service, and if it were not the usual thing for nurses to live lives of self-sacrifice and to face critical situations, we should hear much more than we have of their part during the war.







Of our 730 known graduates about 30% are private nurses---216 all told. 147 or 68% of the private nurses are registered in Boston, yet we hear that they are almost impossible to obtain. 46 are Superintendents of hospitals, - 11 in Greater Boston and 25 in other towns and cities in Mass.

These are some of the institutions that are administered by them:-

|                                      |                              |
|--------------------------------------|------------------------------|
| New England Baptist Hospital         | Malden Hospital              |
| Vincent Memorial Hospital            | Newburyport Hospital         |
| Corey Hill Hospital                  | Cooley-Dickinson Hospital    |
| Infants' Hospital                    | Holyoke Hospital             |
| Cambridge Hospital                   | Melrose Hospital             |
| Stillman Infirmary                   | Framingham Hospital          |
| Wesson Maternity Hospital            | Cable Mem. Hospital-Ipswich  |
| Hale Hospital-Haverhill              | Devereaux Mansion-Marblehead |
| Quincy Hospital                      | Milford Hospital             |
| Plunkett Memorial Hospital-F. Adams. |                              |

In New York State our graduates superintend eight important hospitals.

This branch of work is one of the most interesting and far reaching opportunities open to nurses. Over 50% of all the hospitals in the country are in charge of nurses and the benefit and influence of a well run hospital in a community can scarcely be over estimated.

21 graduates are in charge of training schools - the larger and better known being the

Peter Bent Brigham Hospital  
Albany Hospital-Albany, N.Y.  
Brooklyn Hospital-Brooklyn, N.Y.  
Washington University School-St. Louis, MO.  
and the Massachusetts General Hospital.







77 graduates are doing public health work including district, school, tuberculosis, industrial, and infant welfare work. 42 are employed in greater Boston. 80 are doing miscellaneous kinds of institutional work, - 56 of whom are in Boston. 20 are devoting themselves exclusively to a new kind of nursing educational service, and that is, as instructors in the theory and practice of nursing.

Two of them are doing a most important service in and around Boston as itinerant instructors of the sciences applied to nursing. They go to small and suburban hospitals that do not need or cannot afford to pay resident instructors. Nine of the twenty work in Massachusetts schools.

7 are office nurses, - 6 in Boston. 6 are nurse missionaries, - none in Boston. 8 are in Red Cross service, - 6 overseas. 2 in Boston as instructors of home nursing classes.

Radcliffe and Wellesley Colleges have our graduates in their Infirmaries. Our statistics show 60% of all graduates serving in Massachusetts.

The major service rendered by our school is probably that of our student nurses in the Massachusetts General Hospital and the hospitals with which we <sup>are</sup> affiliated. Ever since the Trustees gave over the wards to the school, 46 years ago, all the nursing for the thousands of patients that have been cared for has been done by students who have given their services for the education received and for maintenance.







The class of 79 graduated in 1919 was so far as I can learn the largest ever graduated in this country. There are at present 192 students in our school 64% of whom come from New England which is almost exactly the same % as are graduated and working in New England. The students come from 19 different states, 9 from New York State and 5 from California, and from 9 different countries. The nations represented are China, Syria, Finland, England, France, Alaska, Newfoundland, and Canada.

It is curious to note that whereas we used to have about 50% or more of our students come from Canada we now have only 5%.

Educationally about 50% of our students have partial college courses and 30 have degrees from well known colleges.

There are 11 student volunteers and several preparing to do rural public health work in their native land or in this country.

I think perhaps this may sound as if nursing was in a fairly prosperous and satisfactory condition but it is not so. I have presented as faithfully as I could the picture of the achievement of one school that has been exceptionally fortunate thus far in having had a fair chance to develop along progressive lines, with no restriction except lack of funds in common with other nursing schools.

It has not been easy to manage the various affiliations necessary in order to give our students an attractive, compre-







hensive course, but thanks to the Boston Lying-In Hospital, the Wesson Maternity Hospital of Springfield, and the Instructive District Nursing Association and Simmons College we have thus far kept fairly abreast of the demands upon us.

We have also been able to help ourselves out by helping others in affiliating with The Children's Hospital, Faulkner Hospital, Sturdy Memorial Hospital, and Holyoke City Hospital which have sent their students to us to get the broader experience to be gained in a large teaching hospital.

We have our so-called high standards to thank that at the present moment we are not suffering from a serious shortage of applicants as most of the hospitals are, but we may yet suffer because there is over the country a distinct falling off in the number of applicants. Several large and well known schools have almost none, and many small schools have absolutely none.

I know one school that used to have fifty or sixty fine students a few years ago that now has only twelve of an inferior type. One hospital in Massachusetts expects to close soon and if we were to see the conditions inside some of our hospitals for the insane we should not be able to sleep at night and might have a nervous breakdown as did the Superintendent of Nurses in one of these hospitals where she was so worried nights over what might happen on the wards on account of the shortage of nurses.







We never had such a demand for the finest product of our schools as now. Mrs. Codman and Miss Ashe will tell you what the demand is for public health nurses and the splendid work done recently by the District Nursing Association during the epidemic, demonstrated in a spectacular way what such an association means to a community. With the shortage of well trained or half trained nurses for the poor-rich and the new-poor we may have to have a community service to care for them!

On my desk now are requests for Superintendents for three or four hospitals, for five or six Superintendents for training schools, offering salaries from \$1500 to \$2400 a year, and scores of requests for anaesthetizers, instructors, supervisors, and headnurses, which I cannot fill even with the large classes that we graduate.

A settlement in New York has offered scholarships to cover necessary expenses if I can send a few students or graduates to the Settlement for courses in public health.

A metabolism department in a New York hospital has offered two scholarships of \$200 each for promising students who will go there to take a two months metabolism course. This demand for nurses to assist in research work is one of the newest and most insistent. In our own hospital they want me to give them three students for this work, which I should be glad to do if the hospital could afford to give me some more ward maids so that I could release the students from some of







the routine house work. Other new and important openings for nurses are professorships in Nursing and Health departments in colleges, and Directors of Home Nursing Courses in public schools. In fact it is this urgent demand for nurses that is making the medical profession furious because we are not turning nurses out faster. Doctors and colleges are saying to us that we must cut out all the unnecessary work in the nurse's course and let her graduate sooner or we must let her specialize during her third year so she will not have to take post-graduate courses if she wishes to do specialized work.

The attractions of public health work are making it difficult to keep enough of the maturer and best qualified women in the hospitals to teach and supervise our students. At the Massachusetts General Hospital alone, including Phillips House, we need not less than fifty graduates for teaching and executive work and I suppose they employ not less than one hundred graduates in the Phillips House for specials and floor duty.

For years our Trustees have wanted to build a hospital for people of moderate means - if they do they will want a much larger nursing personnel and we cannot possibly hope for that unless we enter into keen competition with other good schools and offer pre-eminently desirable educational advantages and attractive living accommodations, and you can see what that leads to - large expenditures of money which we have not got.

Have you ever thought that there is not an endowed school for nurses in this country? And when you consider that all our schools depend upon for maintenances of nurses, for







salaries, equipment, etc., is what can be spared from the general fund is it not amazing that we have accomplished as much as we have?

Briefly I want to tell you what I think we ought to do in our schools. We ought to give the nurses ward helpers to do the routine work that consumes her time and strength and takes her away from care of the patients - it ought not to be true that we have to have social workers to add the human touch to our hospital work. There is a legitimate function for social workers but not because the nurses are too busy or mechanical to know the personal needs and feelings of her patients.

I believe we ought to use the time that could be released if the nurses had ward helpers by giving her some experience with mental, tubercular and contagious patients. Students want this experience, especially if they are to do public health or private nursing. If hospitals that do not have these departments could maintain a sufficiently large school to permit of affiliations for these branches of work it would help out the community problem enormously.

It seems to me we ought in some way to consider our community problem as a whole rather than individual hospital problems.

All the older nurses who have worked on the complicated proposition of running a school for nurses under present circumstances are straining their eyes toward the day when our schools







shall really be schools, resting on substantial financial foundations and organized for the maximum of educational value in the minimum amount of time. Anything that can make nursing education better will do most to alloy prejudice against nursing as a profession, will attract more of the desirable type of candidates and will give to our patients the best kind of care and to the medical profession the most intelligent co-operation.

Now, finally may I appeal to you as representing the most intelligent and the most altruistic part of the community whom we strive to serve: - Will you help us and eventually the community by studying our problems? If you do you will see that to avoid a serious crisis we must have better schools for nurses, and we must have many more of the best type of young women in our schools.

With all reverence I thank God that He has planted in the hearts of many splendid young women a great love for personal nursing service. If that desire were not thwarted by so many parents there would be no shortage of nurses in our schools and not so many restless and unsatisfied young women in society. There would be more efficient mothers also. These girls themselves who want to be nurses are not even daunted by the long hours, hard work and self sacrifice about which they have heard so much.

I grant there is a good deal of reason behind the objections of parents to nursing for their daughters. We have been a long time reducing our working hours to a reasonable basis but all our real faults are removable if you will help us.







So I ask you who opened a door to this fascinating soul-satisfying, fatiguing, and wonderful profession to help us to make our schools the kind that you would be willing to let your daughters train in.

We have some now who escaped the fond tyranny of their parents during the war, who are going to see it through and they are so happy in and loyal to the work that the parents have mostly been won over.

I don't believe there is any occupation where women are so much needed who have had the background of Christian upbringing, of education and refinement. When such a one takes up the work it isn't necessary to worry about her ethics and adaptability.

Florence Nightingale was of course a woman of aristocratic birth and wealth, plus an intensely religious spirit, a keen sense of humor, large common sense and ability amounting to genius.

How much more she was able to do having all these advantages. Imagine what could be accomplished for nursing education and health if in each state in this country there could be found one woman like Florence Nightingale who loved humanity enough to train, to work for a salary as she did in an ordinary institution.

We need every recruit we can get who has sufficient education, and the possibilities for the right development, but we particularly want leaders. Knowing a little bit about what







you have accomplished in the way of promoting education I am confidently leaving our problems with you, knowing that I have presented them justly, and if you find them worthy of consideration you will do your part if the hospitals and nurses do theirs.

I thank you for giving me this opportunity.







Parsons, S. E.

Speech to "The Association  
that sowed the seed  
of ~~of~~ which sprang the  
M. G. H. C. S. for W. in 1873"

? Identity of the Association  
? Women's Educational  
Association

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N. E.

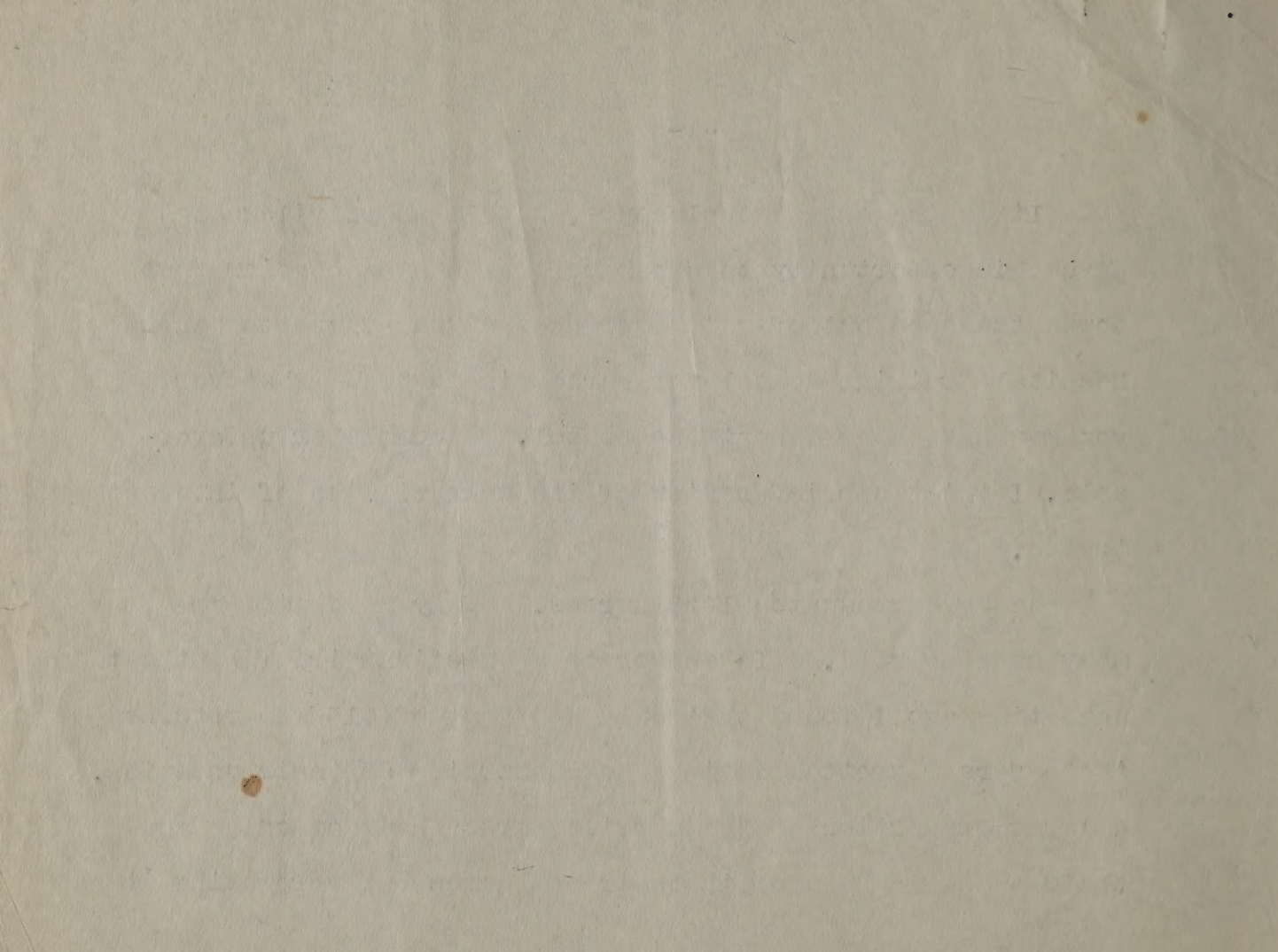




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It is the greatest pleasure as well as privilege to have this opportunity to speak before the Association that sowed the seed out of which sprang the Massachusetts General Hospital Training School for Nurses in 1873. Whatever you may have heard about the school, favorable or unfavorable, I <sup>hope</sup> ~~think~~ a brief review of its work will be of interest to you.

We have graduated 1028 nurses. Many have died and many have married. In answer to a questionnaire I sent out some time ago I found that only nine out of 415 who returned the papers regretted having chosen nursing as their vocation. A large proportion of the married nurses had not only found their education useful in their own homes but were using it





for the benefit of the communities in which they lived. They were on hospital, district nursing and training school boards.

Seventy-five of the other graduates are themselves superintendents of hospitals or training schools and are responsible for the care of hundreds of patients and the training of hundreds of nurses. They are scattered all over the world and may be found in Alaska, South Africa, China, Turkey, Greece, Labrador and in nearly every state in the Union. Seventy-five or more are doing private nursing in Boston and are in constant demand.

The school is asked annually to furnish graduates for





more than a hundred positions in various institutional capacities and public health lines of work. ~~The~~ <sup>It</sup> school has grown from the first class of three to the last class of 54, which contained seven college graduates, several others who had studied abroad and most of whom brought to the work rather exceptional gifts for service.

The difficulties and expense of maintaining a school that is worthy of the name and at the same time caring for a large number of acutely ill patients in a teaching hospital, cannot be duly appreciated except by those who are endeavoring to accomplish the task.

Our hospital with the help of a splendid Ladies' Committee, by making strenuous efforts through affiliations with





other institutions and the Instructive District Nursing Association, <sup>to supply experience we cannot give</sup> succeeds in holding a place among the few first-class schools in the country. I think you may feel that notwithstanding our ~~many~~ defects, that you started a work that has been a blessing to countless people.

But as a person cannot live unto himself - a school cannot live unto itself. It is not enough that a few schools succeed in maintaining fairly high ideals. All schools for nurses should reach a certain standard. A few well-trained and high-minded women cannot protect or redeem the reputation of the many if the majority are ignorant or unworthy.

When trained nursing was started the demands upon the





nurses were comparatively simple in most cases, <sup>but</sup> yet a Florence Nightingale demonstrated what an intelligent, educated nurse may accomplish not only in time of war but in peace as well. *Lillian Wald of the Nurses' Settlement in N.Y. is another shining example.* We do not need to wait for war or famine or flood to use all our powers. There are equal opportunities in our slums, our factories and our country districts every day of every year for the nurse who has proper training and the intelligence and inspiration to improve these opportunities. Lillian Wald of the Nurses' Settlement in New York City is another shining example.

When our first schools were started conditions had to be accepted as found in the hospitals - appallingly long hours of hard manual labor for just a little real nursing experience, very little instruction and a military discipline that did not consider individuality or initiative, living





conditions that were Spartan in their simplicity and severity.  
for  
It was <sup>for</sup> many years (and until recently, in even our best schools,  
a rare thing to find a pupil nurse with sufficient vitality  
during training to <sup>enjoy</sup> ~~do~~ any of the usual recreational diver-  
sions. The same conditions still exist in most hospitals  
and I personally do not know of one school that has yet cre-  
ated <sup>ideal</sup> ~~entirely reasonable~~ conditions for the nursing staff.  
If we approximate it we are very happy. <sup>Unfortunately</sup> Many hospitals  
do not wish to create reasonable conditions because it would  
mean expense.

When trained nursing began there were few schools and  
few congenial occupations for women outside their own homes  
so the applicants were many and of a good class. What hap-  
pened? Much better service in the hospitals and in homes.





Opposition was overcome. It was found that a training school drew superior candidates who were <sup>willing</sup> ~~eager~~ to work, and who caught eagerly at all crumbs of knowledge. It was a fatally satisfactory economic arrangement. All hospitals, large and small, special and general, private and charitable, started so-called schools and lo! at last correspondence schools came into existence. The Chataqua School for Nursing boasts of having graduated 7000 women in thirteen years!

In order to meet this increasing demand for pupils to do cheap nursing service all obligations to the nurses as students have been abandoned in many institutions. In the name of charity to the sick poor, pupils have not only been drawn in to work hard and long in hospitals but in many, many places have been sent to private cases <sup>while in training</sup> to earn money for





the hospital regardless of the welfare and interests of the pupil. As their services can be secured without financial compensation they are usually required to do much elementary manual labor to save the expense of maids. They have been put on 24° duty with private patients in and out of the hospital and subjected to conditions that girls with careful parents would never be permitted to endure.

As a result of all these abuses there has come a reaction in the mind of the public against nursing. Most of the best class of nurses now come into the work drawn to it by an irresistible attraction and in opposition (in most cases) to the wishes of their parents. Yet everyone will admit that nursing is one of the noblest and one of the most suitable vo-

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*Individually*

cations a woman can adopt. Good nurses are loved and respected and nurses themselves feel that the work is wonderful, that it is worth all it cost them, yet many have said, "I am glad I trained, but I should not be willing to recommend another to go through what I have."

As for the parents, judging from the last five years' experience, most of them would rather their daughters turned to almost any other occupation. This is not as it should be. Many splendid women are lost to the profession because conditions will not bear investigation, because nursing education is not standardized, because the schools are not recognized by educators nor subject to any impartial control or proper supervision or inspection.

If the nurses themselves had not risen in revolt and de-





manded state recognition, training school inspection and educational standards, nursing would have relapsed to the "Sairy Gamp" Status by this time. It is in this struggle <sup>for better conditions</sup> that I <sup>and</sup> would interest the public. After all it is the general <sup>justice</sup> public that employs nurses, that supports hospitals and the public that suffers (sometimes consciously, more often ignorantly,) at the hands of the ill-trained, badly chosen, ignorant nurses. The economic advantages of a hospital that gets cheap nursing service through employing an ignorant type of nurse who may do fairly well under direction and hospital supervision is dearly paid for by those who later <sup>supposedly</sup> employ her as a responsible trained nurse.

Do you think it is right that hospitals public or private should be subject to the economic necessity of a nursing





service that must be procured for less expenditure than ordinary domestic service costs? Is there not a moral obligation to the young women who are literally lured into these pseudo-schools? Money is raised for the operating room equipment and hospital furnishings - ought not money to be raised for the <sup>and</sup> nursing service? The only schools <sup>now</sup> that are able to maintain educational standards and attract a good class of nurses are those that recognize the rights of the pupils.

At the present time in Boston, there really skilled nurses are in constant demand <sup>but</sup> ~~and~~ the market is flooded with the lower grade nurse whom no one wants unless as a last resort. Today in Massachusetts as our registration law stands any person whether trained in a recognized hospital or not - whether a graduate or under-graduate - may if able to pass the State





Board Examination become an R. N. But even that is not compulsory. A nurse dropped from a training school may wear a uniform, may pose as a graduate and may and does practice as a trained nurse. I know several who have been dropped from schools for serious causes - social indiscretions, stealing, drinking, unreliability, etc., etc., who are nursing in private families and as school nurses. The public rely upon the doctors for protection.

Doctors do not protect the public from these imposters. They are often deceived themselves and Senator Clark, the Chairman of the Public Health Committee says we will never get legislation to protect the public until there is evidence that the public wants to be protected.

At present the public is perfectly indifferent, not realizing the situation, and it is





through you that I hope we in Boston may sometime have proper protection, which must come by wise legislation. The late Mrs. James T. Fields shortly before she died sent me an enthusiastic letter in which she said, "Of course, we must have training school inspection and nursing schools must be second to none." That is what most people say when they think carefully about the situation for a little while. Personally I think nursing is one of the most interesting, fascinating and worth while occupations that any woman can undertake. It is worthy the very best type of woman and there is scope for the finest type of intellect in its many branches. If I could live to see even one school organized rightly and so endowed that economic pressure did not interfere with efficient,





humane and intelligent work I should die happy.

Just think of the fact that there is not an endowed school for nurses in the country! With all the millions that are lavished on colleges, technical and other schools no person has felt that the service for public health rendered by nurses as teachers, executives and workers in the homes, is of sufficient importance to merit at least the establishment of one endowed school, which might be organized for the purpose of demonstration if for nothing else! *In brief the matter should*

*The* ~~We~~ nurses who have been trained and are training others are almost unanimous in believing that we should have minimum educational standards for nurses;- registered schools that meet the recognized requirements of a state board and com-





pulsory examination and registration;- training school inspection by a trained nurse duly qualified for the work;- and endowed schools. Our opponents are strangely enough a very few among the medical profession who <sup>see</sup> no further than the immediate inconvenience of any reorganization in hospitals in which they are interested, who have become accustomed to things as they are and think them good enough as did their predecessors in the days when they objected to the introduction into the hospitals of trained nursing.

Also those whose interests in hospitals and correspondence schools are commercial, and hospital authorities who know that their schools would not bear intelligent inspection.

Lastly there is the apathy of the actual people who employ nurses and support the very philanthropies that depend in such





large measure on the efficiency and intelligence of the nurses who do the work.

Our active opponents say that they could not get pupils if they required any educational standards, that nurses do not need to know anything except to obey orders, that they will form a trust and ask more for their services, etc., etc., mostly the objections are economic objections.

There is not one good argument that can be advanced against us. There are hospitals that ought not to exist under the conditions that pertain in them; there are hospitals that have no business to maintain schools, there are so-called trained nurses with diplomas who ought never to have been in hospitals at all except as attendants or domestics.

We ought not to be obliged to accept and keep in our schools

Write letter to  
Public Safety



MENTAL NURSING

*S. Johnson wrote that Sara E. Person  
prepared this statement.  
M.D.*

One wonders sometimes what the answer would be if one asked the average graduate nurse who has not had experience in psychiatric nursing, ~~what she would say in answer~~ to the following question, - What is involved in mental nursing?

Also, one wonders what ideas prevail among prospective nurses when they think, if they think at all, about people who are mentally ill.

There is one lack in all that is written about Florence Nightingale. We know what she thought about general nursing (so-called) mid-wifery and district nursing, but I fail to recall any opinion about the care of the insane.

Isn't this a subject on which more light should be thrown? While so many are enthusiastically forging ahead with splendid plans for preventive work in psychiatry as well as in other types of abnormal conditions, some of us must concern ourselves with the problems involved in caring for those unfortunate individuals who become helpless or irresponsible in spite of preventive work.

Those who have a "calling" for the profession of nursing are only half-called if their interest and sympathy excludes the alienated patient; for believe me, the person who has "lost his mind" is to be pitied far beyond those who may have lost one or more of the paths leading to the mind or whose physical bodies have gotten out of repair.







Helen Keller in her defence of the alleged darkness into which the blind are thrust says, "They can take a soul's eye-view of life itself and gain a freedom even greater, an exaltation even more soul-stirring than the most daring aviator". It may well be that this is also true of some who are considered insane because they have been permitted to perceive truths not generally accepted, but it remains a fact that of all diseases that should arouse our deepest sympathies and challenge our keenest intellects, mind sickness is pre-eminently important.

Great changes have come about in the institutional régime concerning the care of these patients. Fifty years back conditions that existed when such patients were secluded and manacled; were punished and jeered at, are familiar to every student of medical history.

Since the time when William Pinel bravely struck the chains from the victims of such extreme ignorance and brutality many advances have been made in the care of the insane, but I suspect that the knowledge of people in general still stays with a period twenty years back.

Most persons still regard insane patients as violent ~~and~~ as demented so little is known about the diseased mind.

In 1895 in one of the best hospitals for the insane in this country the ordinary treatment for patients who were not violent was mostly recreational. Occupational therapy which is now so extensively used, was carried on to a very limited degree. For those who were too active or violent there were three common modes of control—manual which was resorted to first;—mechanical when manual restraint proved futile (which it usually did) and drug, which was a last resort when a patient became seriously exhausted.



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Although there were well educated and responsible women in that hospital as nurses, and although very interesting lectures were given them in psychology and psychiatry, the nurses were not trusted to measure the medicines, neither were they told what the medicines were which the patients were taking. They were seldom told the diagnoses or the prognoses of their cases.

They were, however, deeply imbued both by example and precept with the humanitarian and social side of their responsibilities.

No one who ever heard Doctor Edward Cowles' lectures could forget the great responsibility that rested upon the nurses, always, under any provocation, to be "patient and kind as to one's own mother or sister".

There were many difficult and soul-trying experiences for nurses in those days, but there were also great compensations, and I never heard a nurse regret her training, no matter how hard the work (and in those days the nurses in private hospitals did all the mopping and housecleaning) or how long the hours.

There were always many charming, cultivated people and very beautiful characters among the patients whom it was a great privilege to know well - sane or insane.

It was a curious world of truth, not without its humor also.

If there is any compensation to the patient himself for being insane it must be the lack of inhibition in many cases which permits him to tell the truth and to say what he likes to anyone







at anytime. They were singularly discriminating in many instances.

In these days with the greater knowledge concerning insanity, the care of the patients is wonderfully better and easier.

I had the good fortune to work eight months in a state hospital where no restraint, manual, mechanical or drug was permitted. Occupation, hydrotherapy and seclusion (to a limited extent) were employed instead. We had not hydrotherapeutic apparatus but I have seen therapeutic miracles performed with just pails, sheets, blankets and water.

In many ways the experience during those eight months was ghastly but it was the most educational one that I ever had.

I know the evils of a good system carried too far, as well as one not carried far enough.

In another private institution I had a wonderful experience in helping to introduce and adapt general hospital methods in a hospital for the insane, to the care of patients and the education of nurses. →

I therefore know from experience that the care of these patients can be made humane for both patient and nurse; that the work can be both humane and scientific also; and I know that every trained nurse ought to have some experience in this line of work under proper auspices, and that there is no line of nursing work where there is so much opportunity to use all the talents, social accomplishments and Christian virtues as in this most important and neglected specialty.







Hasten the day when we shall have central schools whose curricula shall embrace theory and practice in psychiatry as in all the other important branches of medical practice.





## MENTAL NURSING

Sara E. Parsons,  
Massachusetts General Hospital.

One wonders sometimes what the answer would be to the following question, - "What is involved in mental nursing?" if one asked the average graduate nurse who has not had experience in psychiatric nursing. Also, one wonders what ideas prevail among prospective nurses when they think, if they think at all, about people who are mentally ill.

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